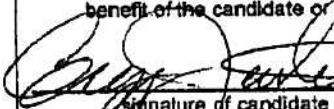
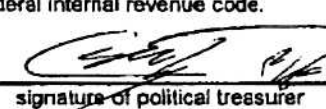

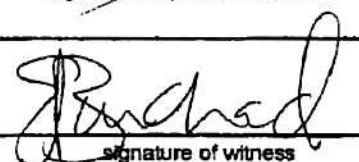


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10-3-2008		2.a. NAME OF CANDIDATE OR COMMITTEE BREBB JUSTER	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE NOV 4 2008	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 55 E MAIN #304		City CHATTANOUGA	State TN
		Zip Code 37408	Phone 254-744-9562
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route		City	State
		Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) SCHOOL BOARD DIST. #4		6. NAME OF POLITICAL TREASURER (may be candidate) CASEY TUGGLE	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input checked="" type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY		<input type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL
<input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD JULY 29, 2008		8.b. ENDING DATE OF REPORTING PERIOD SEPT 30, 2008	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
Signature of candidate 		Signature of political treasurer 	
date 10/7/08		date 10/7/08	
11. WITNESS SIGNATURE 			
signature of witness		signature of witness	
date 10/7/08		date 10/7/08	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 584.00	
b. TOTAL RECEIPTS THIS PERIOD		\$ 2411.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 2896.00	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 99.00	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>CAROLLE JUSTEN</u>		14. REPORT COVERING THE PERIOD FROM: <u>7/29/08</u> TO: <u>9/30/08</u>	
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 200⁻

b. Itemized Contributions (over \$100 from each source this period) \$ 2211⁻

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2411⁰⁰

16. LOANS RECEIVED THIS REPORTING PERIOD \$ -

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ -

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in Item 12.b.) \$ 2411⁰⁰

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

MAIN + MOCHA

FOOD FOR VOLUNTEERS

ALCOHOL

\$ 70⁰⁰

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total of Expenditures (\$100 or less each payee) \$ 70⁰⁰

b. Itemized Expenditures (Over \$100 each payee this period) \$ 2826⁰⁰

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2896

20. LOAN REPAYMENTS MADE THIS PERIOD \$ -

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in Item 12.c.) \$ 2896⁻

22.IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ Ø

23.OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in Item 12.f.) \$ Ø



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE BREBB JUSTEN				2. REPORT COVERING THE PERIOD FROM: 7/29/08 TO: 9/30/08	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name HAROLD		Middle Name		Contribution Received For:	
Last Name/Organization Name COKER				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 6730 STANDIFER GAP				Amount of Contribution \$ 200	
City CHATT	State TN	Zip Code 37724	Date of Contribution 8/1/08		Aggregate This Election 3755
Occupation RETIRED					
Employer					
First Name LARRY		Middle Name		Contribution Received For:	
Last Name/Organization Name WELLS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 3036 RIVERMAN				Amount of Contribution 500	
City CHATT	State TN	Zip Code 37415	Date of Contribution 8/1/08		Aggregate This Election 4255
Occupation					
Employer					
First Name RON		Middle Name		Contribution Received For:	
Last Name/Organization Name PAUL				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 837 W PLANTATION				Amount of Contribution 1000	
City CLUTE	State TX	Zip Code 77531	Date of Contribution 8/1/02		Aggregate This Election 5255
Occupation					
Employer					
First Name JOE		Middle Name		Contribution Received For:	
Last Name/Organization Name DUMAS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 1111 JAMES AVE				Amount of Contribution 511⁰⁰	
City SIGNAL MTN	State TN	Zip Code 37377	Date of Contribution 9/2/08		Aggregate This Election 5766⁰⁰
Occupation PROFESSOR					
Employer UTC					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to Item 3, of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in Item 15b. of summary.)					5766⁰⁰

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GREGG JUSTEN			2. REPORT COVERING THE PERIOD FROM: 7/29/08 TO: 9/30/08	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CHATT CHRONICLES			ADV	400.00
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name IMAGE WORKS			SIGNS/PRINTING	1021
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name BROWN BROADCASTING			ADV	240
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WIGOW			ADV	200
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WINOO			ADV	200
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name IMAGE WORKS			PRINTING	765
Address				
City	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				2826

